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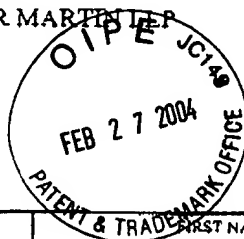
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27128 7590 02/04/2004

BLACKWELL SANDERS PEPER MARTIN LLP
720 OLIVE STREET
SUITE 2400
ST. LOUIS, MO 63101



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Jennifer Birmingham (Depositor's name)
Jennifer Birmingham (Signature)
February 27, 2004 (Date)

APPLICATION NO	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DCKET NO.	CONFIRMATION NO
09/934,141	08/21/2001	William R. Struchlik	1DCI 43477	7702

TITLE OF INVENTION APPARATUS FOR TREATING A FLOOR SURFACE UTILIZING A HANDLE MOUNTED TRAVERSE SWITCH

APPLN TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	5300	\$1630	05/04/2004
EXAMINER	ART UNIT	CLASS-SUBCLASS			
SNIDER, THERESA T	1744	015-049100			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363)

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Blackwell Sanders

1. Peper Martin, LLP

2. _____

3. _____

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PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE (CITY and STATE OR COUNTRY)

Alto U.S. Inc.

Cheserfield, Missouri

Please check the appropriate assigned category or categories (will not be printed on the patent).

☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee☐ Advance Order - # of Copies _____

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☐ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 11-0160 (enclose an extra copy of this form).

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03/01/2004 TTRAN2 00000042 110160 09934141

01 FC:1501

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PTOL-65 (Rev. 11/03) Approved for use through 04/30/2004

OMB 0651-0033

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